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Complete if Known Substitute for form 1449/PTO **Application Number** 10/651,810 INFORMATION DISCLOSURE **Filing Date** 2003-08-28 STATEMENT BY APPLICANT First Named Inventor JAIN; Avinash Art Unit Unknown (Use as many sheets as necessary) **Examiner Name** Unknown Attorney Docket No: 030159 Sheet 2 of

CERTIFICATION STATEMENT				
Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):				
	That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filling of the information disclosure statement. See 37 CFR 1.97(e)(1).			
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	Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.			
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SIGNATURE A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.				
Signature		/Michelle Gallardo/	Date (YYYY-MM-DD)	2011-05-10
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